# Participation Agreement for State Investment in Local Public Health Services

Department of Health and Senior Services
Center for Local Public Health Services

Multi- Year Agreement: June 1, 2018 - May 31, 2021

Support the delivery of public health services essential to the prevention of disease, promotion of healthy families, lifestyles and environments, and for protection from disease and disaster through an integrated and cooperative public health system in Missouri

#### Funding for the Participation Agreement includes:

- ➤ General Revenue appropriated annually (FY2021 \$3.5M without 3% Governor's Reserve applied)
- Children's Health Insurance Program (CHIP), Health Services Initiative (H.S.I.) (FY2021 \$7.6M)

## CHIP H.S.I. Background

Missouri received Federal approval from the Centers for Medicare and Medicaid (CMS) for an amendment to the Missouri Title XXI State Plan to include "Health Services Initiatives" in the Missouri State Plan

#### Health Services Initiatives are defined as:

Activities that protect the public health, protect the health of individuals, improve or promote a State's capacity to deliver public health services, or strengthen the human and material resources necessary to accomplish public health goals relating to improving the health of children. For CHIP HSI, "children" are defined as persons under 19 years old.

State Plan Amendment allows Missouri to claim federal matching funds for the provision of health services initiatives provided by Local Public Health Agencies (LPHAs) and funded by local and state funds.

CHIP H.S.I. is to improve the health of children under the age of 19 and increase the capacity of health services to children in Missouri

LPHAs submit unreimbursed expenditures quarterly for one, some or all of the four approved CHIP H.S.I. Programs below:

- 1) Immunizations
- 2) Lead Testing and Prevention
- 3) Newborn Home Visiting
- 4) School Health

- CLPHS submits LPHA expenditures to Centers for Medicare and Medicaid (CMS) quarterly
- Currently, 87.57% of those LPHA expenditure claims are distributed back to LPHAs through the Participation Agreement
  - CMS determines the percentage of reimbursement which fluctuates annually

- CHIP H.S.I. Program Costs Revenues = Excess Local Expenditures
- Revenues MedicaidOther InsurersFees from participants

IMPORTANT: Once identified and submitted as CHIP H.S.I. expenditure, those dollars are considered federal match dollars and cannot be used as match for any other program.

Immunization Program: LPHAs provide a vital role in immunizing children and promoting immunization among hard to reach families and communities

#### **Examples of Allowable Expenditures:**

- Staff time to provide immunizations (flu vaccinations included)
- Immunization record review
- Immunization data entered into Show-Me Vax
- Needle disposal service
- Postage and/or reminder cards

#### **Immunization Program:**

- Contract expenses-disposal of sharps (capture % for children under 19); interpreter services (communicate with families regarding immunizations; physician services-writing orders)
- The cost for vaccines funded through the Vaccines for Children (VFC) program or any other federal funding source, should *not* be claimed as a CHIP H.S.I. expenditure.
- The cost for vaccines paid with local funds is an allowable expenditure

Lead testing and prevention programs: LPHAs are at the forefront of monitoring and managing lead poisoning among children.

#### **Examples of Allowable Expenditures**:

- Educating families about lead poisoning and prevention
- Lead case management
- Lead screening
- Completing risk screening forms and providing referrals based on screening forms
- Lead testing and outreach

#### Allowable Expenditures (Lead Testing/Prevention):

- Lead Testing
- Outreach/Education
- Postage costs for sending lead testing/prevention educational materials to schools, pre-schools, and pediatricians
- Cost for postage to notify parents of elevated blood lead
- Travel expenses for lead testing, providing education or case management services

Newborn home visiting programs: LPHAs offer newborn home visiting programs to high risk families. Clinical staff and other trained professionals provide a range of services to young families to ensure the healthy development of infants and toddlers

High Risk includes a variety of unhealthy issues or risks such as physical health problems, developmental delays, abuse/neglect, low income, first time parents/single parents, etc.

## <u>Examples of Allowable Expenditures (Newborn Home Visiting)</u>:

- Home visits for high risk, low income women and children
- Newborn home visits
- Case management
- Parenting/counseling programs for first time parents in the home setting
- Developmental toys for developmentally delayed children

Providing car seats and baby cribs would *not* be examples of allowable costs.

- School health programs: Health related services in schools and pre-schools
- Funds from local government entities do not have to be treated as a revenue-considered part of total local government support

Example: School district provides funds to support an LPHA School Health Program – consider an Intra Local Transfer

Funds received from a Foundation or Private Grant (that has no federal funding ties) are not considered revenue

#### Examples of Allowable Expenditures (School Health):

- Health screenings
- Basic nursing care
- Education/Training for students, teachers, and parents (including preparation time for trainings)
- Maintenance of health records
- Immunization compliance
- State mandated reports and referrals
- Dental screening
- Qualifying Child Care Health Consultation (CCHC) services not reimbursed under the CCHC contract

#### **Examples of Allowable Expenditures (School Health)**:

- Food safety/handling classes provided at schools for cafeteria staff
- Asthma, nutrition, STD or any health education trainings at schools
- Educational material costs and postage costs for sending to schools

#### CHIP H.S.I. Net Expenditure Report

- The CHIP H.S.I. expenditure form is due on a quarterly basis
- Submit within 30 days
  - complete only the most recent quarter
  - previous quarters remain blank unless there are net changes
- Reporting is on a cash-basis and should be reported in the quarter in which the expenditure incurred or the revenue was received. Do not use estimates.

#### CHIP H.S.I. Documentation

- LPHAs must maintain back-up documentation of reported expenditures
- CLPHS will annually request back-up documentation from each LPHA
- Timesheets (position title, salary, # of hours spent on CHIP H.S.I. program, fringe benefits)
- Travel costs incurred while providing CHIP H.S.I. program services (mileage, lodging, meals)
- Invoices for supplies
- Contracted Services contract expenses directly related to the CHIP H.S.I. program(s)

#### Participation Agreement Invoicing

- MOPHIRS (MO Public Health Invoicing & Reporting System) used for invoicing one amount for Participation Agreement which includes (general revenue and CHIP H.S.I.)
- Monthly (or quarterly) invoice amounts will be posted at: <a href="http://clphs.health.mo.gov/LPHS/">http://clphs.health.mo.gov/LPHS/</a>
- FY2021 LPHA Invoicing Spreadsheet for State Investment in Local Public Health Services— State and Children's Health Insurance Program (CHIP), Health Services Initiative (H.S.I.)PDF Document
- LPHAs will be notified via e-mail of any changes to the posting for invoice amounts
- Agreement number will remain the same until expiration on May 31, 2021

#### Participation Agreement Due Dates

- June 1, 2018 May 31, 2019
  - Annual Financial Report (DH-37) E-mail sent out by CLPHS staff 1/1/2019 - report due within 60 days http://health.mo.gov/living/lpha/forms.php
- > June 1, 2019 May 31, 2020
  - Infrastructure Survey email will be sent out by CLPHS staff with a link to the survey – 8 weeks to complete
- June 1, 2020 May 31, 2021
  - Annual Financial Report (DH-37) E-mail sent out by CLPHS staff 1/1/2021 - report due within 60 days

http://health.mo.gov/living/lpha/forms.php

### Questions

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